TD. 262 (F	REV. 7			See Instructions and *Privacy Statement On Reverse Side								Page of Pages			
LAIMANT'			SSN or EMPLOYEE NUMBER*								DEPARTMENT				
Maria N	VI1118	an		CB/ID	No		IVISION or	BUREAU					Liviney		
	esid	ent, Therapeutics		OBNO	140.	'	AVISION OI	BUREAU					INDEX NU	MBER	
ESIDENCE	E ADI	DRESS *	HEADQUARTERS ADDRESS										TELEPHONE NUMBER		
							1999 Harrison Street, Suite 1650				07475		(510) 340-980		
			Oakland								STATE		ZIP CODE 94612		
) MONTH/YI	EAR	(3)	(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	ION		(8)	(9)	
10/17		LOCATION WHERE EXPENSES		-	T	O.T., L/T,		(A)	(B)	(C)	(D)	(D)	- (6)	TOTAL	
	IME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR DINNER	INCIDEN- TALS		TYPE	CARFÁRE, TOLLS, PARKING	PRIVAT MILES	E CAR USE	EXPENSE		
5/15	700	Travel to ISSCR- Boston	1	1	6.15	/	-5.00	53.79	Т	-53.79	/		5.00	64.94	
17	800- 700 800-	ISSCR		:	46,25	/	1		Т	201		:		46,25	
17	700 800-	ISSCR		21.40	11.77	20.00	/	37.03	Т	37.96				91,13	
17	700				1				Т					0.00	
17	700				; t	; ;		1	Т					0.0	
17	700 800-								Т					0.00	
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0)					-		1	0 n 07		62 OS	•			0.00	
		SUBTOTALS	0.00	21,40	64.17	20.00	5.00	90.82		40.82	0	0.00	5.00 -0.00	201. 3	
COLUIV		ODE (ACCTG. USE ONLY)												201.3	
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) June 15-17 ISSCR Convention in Boston MA. Hotel paid via CIRM M/C. Airfare booked via Concur.									(12) NORMAL WORK HOURS						
une 15. 5 is for	-17 r lug	ISSCR Convention in Boggage storage fee.	oston MA.	Hotel pa	id via CI	RM M/C	. Airfai	e booked	l via C	oncur.		-1700 RIVATE VEHIC	CLE LICENSE	NUMBER	
					Remit Payment CIRM 1999 Harrison St. St Oakland, CA 94612						(14) MILEAGE PATE CLAIMED				
					ā		CIRM					AGENCY ACCOUNTING OFFICE			
							0a	ษ Har kland	risoi . CA	1 St. St. 94612	e 16	50 USI	E ONLY	CK NUMB	

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and Seat-Belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF PITCER APPROVING TRAVEL (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)